

RECEIVED
JEANNE A. NAUGHTON, CLERK

AUG 08 2024

U.S. BANKRUPTCY COURT
NEWARK, N.J.
BY Robilens DEPUTY

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of New Jersey

Case number (if known): 24-17915

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	<p>TASHONDA First name ANQUIA Middle name LIGGINS Last name Suffix (Sr., Jr., II, III)</p>	<p>First name Middle name Last name Suffix (Sr., Jr., II, III)</p>
2. All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	<p>First name Middle name Last name First name Middle name Last name Business name (if applicable) Business name (if applicable)</p>	<p>First name Middle name Last name First name Middle name Last name Business name (if applicable) Business name (if applicable)</p>
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	<p>XXX - XX - <u>6</u> <u>6</u> <u>5</u> <u>6</u> OR 9 XX - XX - _____</p>	<p>XXX - XX - _____ OR 9 XX - XX - _____</p>

Paid
79.00

TASHONDA ANQUIA LIGGINS			Case number (if known) _____
Debtor 1	First Name	Middle Name	Last Name
About Debtor 1:			
4. Your Employer Identification Number (EIN), if any.	EIN _____		EIN _____
	EIN _____		EIN _____
About Debtor 2 (Spouse Only in a Joint Case):			
	EIN _____		EIN _____
5. Where you live			
204 STEPHENS STREET			
Number	Street		
BELLVILLE NJ 07109			
City	State	ZIP Code	
ESSEX			
County			
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.			
Number	Street		
P.O. Box			
City	State	ZIP Code	
If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
Number	Street		
P.O. Box			
City	State	ZIP Code	
6. Why you are choosing this district to file for bankruptcy			
Check one:			
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____			
Check one:			
<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____			

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business? No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1 **TASHONDA ANQUIA LIGGINS**
 First Name Middle Name Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
 Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
 Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **TASHONDA ANQUIA LIGGINS**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

1-49
 50-99
 100-199
 200-999
 1,000-5,000
 5,001-10,000
 10,001-25,000
 25,001-50,000
 50,001-100,000
 More than 100,000

19. How much do you estimate your assets to be worth?

\$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million
 \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million
 \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

20. How much do you estimate your liabilities to be?

\$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million
 \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million
 \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

Part 7: Sign Below

For you

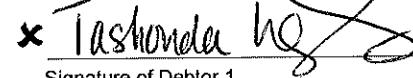
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1

Executed on 08 08 2024
MM / DD / YYYY



Signature of Debtor 2

Executed on
MM / DD / YYYY

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

**For you if you are filing this
bankruptcy without an
attorney**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

**If you are represented by
an attorney, you do not
need to file this page.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

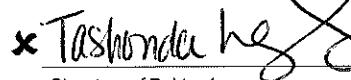
No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No
 Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

 x

Signature of Debtor 1

Date 08 08 2024
MM / DD / YYYY

Contact phone (862) 452-4051

Cell phone (862) 452-4051

Email address tashondaliggins@icloud.com

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)	\$ 10,125.00
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ 10,125.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 20,275.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 20,275.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 254,850.00
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ 254,850.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 11,500.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 11,500.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 0.00

Your total liabilities
\$ 92,300.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 2,307.00
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,307.00
5. Schedule J: Your Expenses (Official Form 106J)	\$ 4,939.00
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 4,939.00

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4,936.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<u>+\$ 0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	TASHONDA ANQUIA LIGGINS		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 204 STEPHENS STREET

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?
\$ 453,000.00 \$ 250,091.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

BELLEVILLE NJ 07109

City State ZIP Code

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

ESSEX

County

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?
\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City State ZIP Code

County

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

1.3. Street address, if available, or other description _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: **OUTLANDER**
Model: **MITSUBISI**
Year: **2019**
Approximate mileage: **74323**

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ **12,608.00** \$ **10,125.00**

If you own or have more than one, describe here:

3.2. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

3.3. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Check if this is community property (see instructions)

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Check if this is community property (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Other information:

Check if this is community property (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Model: _____

Year: _____

Other information:

Check if this is community property (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here → \$ 10,125.00

Debtor 1 **TASHONDA** **ANQUIA** **LIGGINS**

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?

Do not deduct secured claims
or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe..... **LIVING ROOM, BEDROOM AND DINING
FURNITURE, LINEN, KITCHENWARE**

\$ **3,500.00**

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe..... **TELEVISION, STEREO, CELL PHONE, COMPUTER, PRINTER**

\$ **2,500.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ **0.00**

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ **0.00**

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ **0.00**

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... **EVERYDAY CLOTHES, UNIFORMS, SHOES**

\$ **3,000.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe..... **EARRINGS**

\$ **150.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ **0.00**

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific
information.

\$ **0.00**

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached
for Part 3. Write that number here** →

\$ **9,150.00**

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes Cash: \$ 200.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes Institution name:

17.1. Checking account:	NAVY FEDERAL CREDIT UNION	\$ 50.00
17.2. Checking account:	WELLS FARGO BANK	\$ 250.00
17.3. Savings account:	NAVY FEDERAL CREDIT UNION	\$ 500.00
17.4. Savings account:	\$
17.5. Certificates of deposit:	\$
17.6. Other financial account:	\$
17.7. Other financial account:	\$
17.8. Other financial account:	\$
17.9. Other financial account:	\$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes Institution or issuer name:

.....	\$
.....	\$
.....	\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$

0% %

\$

0% %

\$

Debtor 1 TASHONDA ANQUIA LIGGINS Case number (if known) _____

First Name Middle Name Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

\$ _____
\$ _____
\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

THRIFT SAVINGS PLAN

\$ _____

Pension plan:

FERS

\$ _____
402.00

IRA:

\$ _____

Retirement account:

\$ _____

Keogh:

\$ _____

Additional account:

\$ _____

Additional account:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes

Institution name or individual:

Electric:

\$ _____

Gas:

\$ _____

Heating oil:

\$ _____

Security deposit on rental unit:

\$ _____

Prepaid rent:

\$ _____

Telephone:

\$ _____

Water:

\$ _____

Rented furniture:

\$ _____

Other:

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes

Issuer name and description:

\$ _____
\$ _____
\$ _____

Debtor 1 **TASHONDA ANQUIA LIGGINS**

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____
\$ _____
\$ _____
\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

_____ \$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

_____ \$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

_____ \$ _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
State: \$ _____
Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

_____ \$ _____

Debtor 1 TASHONDA ANQUIA LIGGINS Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company _____ Company name: _____ Beneficiary: _____ Surrender or refund value: _____
of each policy and list its value. ...
_____ \$ _____
_____ \$ _____
_____ \$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..... \$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. \$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim. \$ _____

35. Any financial assets you did not already list

No

Yes. Give specific information..... \$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here → \$ _____

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe..... \$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe..... \$ _____

Debtor 1 **TASHONDA ANQUIA LIGGINS** Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe..... \$

41. Inventory

No
 Yes. Describe..... \$

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: _____ % of ownership: _____

_____ % \$ _____
_____ % \$ _____
_____ % \$ _____

43. Customer lists, mailing lists, or other compilations

No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe..... \$

44. Any business-related property you did not already list

No
 Yes. Give specific information

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes \$

Debtor 1 **TASHONDA ANQUIA LIGGINS**
 First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested

No
 Yes. Give specific information.....

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

No
 Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ _____ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

\$ _____
 \$ _____
 \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ _____ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	→ \$ 250,091.00
56. Part 2: Total vehicles, line 5	\$ 10,125.00
57. Part 3: Total personal and household items, line 15	\$ 9,150.00
58. Part 4: Total financial assets, line 36	\$ 1,000.00
59. Part 5: Total business-related property, line 45	\$ 0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00
61. Part 7: Total other property not listed, line 54	+\$ 0.00
62. Total personal property. Add lines 56 through 61.	\$ 20,275.00

Copy personal property total → +\$ 20,275.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 20,275.00

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (If known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>204 STEPHENS ST</u>	\$ <u>453,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11US\$522(2)(A) HOMESTEAD EXEMP.
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: <u>2019 MITS. OUTLAN</u>	\$ <u>12,608.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	WILD CARD VEHICLE EXEM.
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> : _____			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 **TASHONDA** **ANQUIA** **LIGGINS** Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B: _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 PENNY MAC HOME LOANS

Creditor's Name
20500 BELSHAW AVENUE
Number Street

Describe the property that secures the claim:
204 STEPHENS STREET BELLEVILLE,
NJ

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

\$ 251,000.00 \$ 453,000.00 \$

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 01/01/2017

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 6 6 5 6

2.2 CHASE BANK AUTO LOAN

Creditor's Name
PO BOX 901076
Number Street

Describe the property that secures the claim:
2019 MITSUBISHI OUTLANDER

\$ 3,850.00 \$ 12,608.00 \$ 3,850.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 01/01/2019

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 6 6 5 6

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 254,850.00

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	PUBLIC SERVICE ENERGY & GAS		Last 4 digits of account number	6 6 5 6	\$ 1,000.00	\$ 1,000.00	\$
	Priority Creditor's Name 80 PARK PLACE		When was the debt incurred?	01/01/2017			
	Number	Street					
	NEWARK	NJ	07102				
	City	State	ZIP Code				
	Who incurred the debt? Check one.						
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
	<input type="checkbox"/> Check if this claim is for a community debt						
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
2.2	TOWNSHIP OF BELLEVILLE		Last 4 digits of account number	6 6 5 6	\$ 750.00	\$ 750.00	\$
	Priority Creditor's Name WATER BUREAU		When was the debt incurred?				
	Number	Street	152 WASHINGTON AVENUE				
	BELLEVILLE	NJ	07109				
	City	State	ZIP Code				
	Who incurred the debt? Check one.						
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
	<input type="checkbox"/> Check if this claim is for a community debt						
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 TASHONDA ANQUIA LIGGINS

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	FALONI LAW GROUP	Last 4 digits of account number <u>6 6 5 6</u>	\$ <u>11,500.00</u>	\$ <u>1,500.00</u>	\$ _____																																																																																																																		
Priority Creditor's Name 425 EAGLE ROCK AVENUE		When was the debt incurred? <u>07/23/2024</u>																																																																																																																					
Number Street SUITE 404		As of the date you file, the claim is: Check all that apply.																																																																																																																					
City <u>ROSELAND</u> State <u>NJ</u> ZIP Code <u>07068</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed																																																																																																																					
Who incurred the debt? Check one.																																																																																																																							
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another																																																																																																																							
<input type="checkbox"/> Check if this claim is for a community debt																																																																																																																							
Is the claim subject to offset?																																																																																																																							
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes																																																																																																																							
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">2.2</td> <td>Priority Creditor's Name</td> <td>Last 4 digits of account number</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="2">Number Street</td> <td colspan="4">When was the debt incurred?</td> </tr> <tr> <td colspan="2">City State ZIP Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.</td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </td> </tr> <tr> <td colspan="6">Who incurred the debt? Check one.</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Check if this claim is for a community debt </td> </tr> <tr> <td colspan="6">Is the claim subject to offset?</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">2.3</td> <td>Priority Creditor's Name</td> <td>Last 4 digits of account number</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="2">Number Street</td> <td colspan="4">When was the debt incurred?</td> </tr> <tr> <td colspan="2">City State ZIP Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.</td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </td> </tr> <tr> <td colspan="6">Who incurred the debt? Check one.</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Check if this claim is for a community debt </td> </tr> <tr> <td colspan="6">Is the claim subject to offset?</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table> </td> </tr> </table>						2.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	Number Street		When was the debt incurred?				City State ZIP Code		As of the date you file, the claim is: Check all that apply.						<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Who incurred the debt? Check one.						<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						<input type="checkbox"/> Check if this claim is for a community debt						Is the claim subject to offset?						<input type="checkbox"/> No <input type="checkbox"/> Yes						<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">2.3</td> <td>Priority Creditor's Name</td> <td>Last 4 digits of account number</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="2">Number Street</td> <td colspan="4">When was the debt incurred?</td> </tr> <tr> <td colspan="2">City State ZIP Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.</td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </td> </tr> <tr> <td colspan="6">Who incurred the debt? Check one.</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Check if this claim is for a community debt </td> </tr> <tr> <td colspan="6">Is the claim subject to offset?</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>						2.3	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	Number Street		When was the debt incurred?				City State ZIP Code		As of the date you file, the claim is: Check all that apply.						<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Who incurred the debt? Check one.						<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						<input type="checkbox"/> Check if this claim is for a community debt						Is the claim subject to offset?						<input type="checkbox"/> No <input type="checkbox"/> Yes					
2.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$																																																																																																																		
Number Street		When was the debt incurred?																																																																																																																					
City State ZIP Code		As of the date you file, the claim is: Check all that apply.																																																																																																																					
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed																																																																																																																					
Who incurred the debt? Check one.																																																																																																																							
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another																																																																																																																							
<input type="checkbox"/> Check if this claim is for a community debt																																																																																																																							
Is the claim subject to offset?																																																																																																																							
<input type="checkbox"/> No <input type="checkbox"/> Yes																																																																																																																							
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">2.3</td> <td>Priority Creditor's Name</td> <td>Last 4 digits of account number</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="2">Number Street</td> <td colspan="4">When was the debt incurred?</td> </tr> <tr> <td colspan="2">City State ZIP Code</td> <td colspan="4">As of the date you file, the claim is: Check all that apply.</td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </td> </tr> <tr> <td colspan="6">Who incurred the debt? Check one.</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Check if this claim is for a community debt </td> </tr> <tr> <td colspan="6">Is the claim subject to offset?</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>						2.3	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	Number Street		When was the debt incurred?				City State ZIP Code		As of the date you file, the claim is: Check all that apply.						<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Who incurred the debt? Check one.						<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						<input type="checkbox"/> Check if this claim is for a community debt						Is the claim subject to offset?						<input type="checkbox"/> No <input type="checkbox"/> Yes																																																																	
2.3	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$																																																																																																																		
Number Street		When was the debt incurred?																																																																																																																					
City State ZIP Code		As of the date you file, the claim is: Check all that apply.																																																																																																																					
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed																																																																																																																					
Who incurred the debt? Check one.																																																																																																																							
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another																																																																																																																							
<input type="checkbox"/> Check if this claim is for a community debt																																																																																																																							
Is the claim subject to offset?																																																																																																																							
<input type="checkbox"/> No <input type="checkbox"/> Yes																																																																																																																							

Debtor 1 TASHONDA ANQUIA LIGGINS

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**4.1 DISCOVER CARD**

Nonpriority Creditor's Name

PO BOX 30416

Number

Street

SALT LAKE CITY

UT

84130

City

State

ZIP Code

Last 4 digits of account number 6 6 5 6\$ 1,500.00**Total claim**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARDS

4.2 AMERICAN EXPRESS

Nonpriority Creditor's Name

PO BOX 981535

Number

Street

EL PASO

TX

79998

City

State

ZIP Code

Last 4 digits of account number 6 6 5 6\$ 1,800.00When was the debt incurred? 01/01/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

4.3 BLOOMINGDALES CREDIT SERVICES

Nonpriority Creditor's Name

28-07 JACKSON AVENUE

Number

Street

QUEENS

NY

11101

City

State

ZIP Code

Last 4 digits of account number 6 6 5 6\$ 15,000.00When was the debt incurred? 01/01/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARDS

Debtor 1 TASHONDA ANQUIA LIGGINS

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**4.4****KOHL'S CREDIT SERVICES**

Nonpriority Creditor's Name

N56 W71700 RIDGEWOOD DRIVE

Number Street
MEOONEE FALLS WI 53051
City State ZIP CodeLast 4 digits of account number 6 6 5 6\$ 5,000.00When was the debt incurred? 01/01/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

4.5**CAPITAL ONE CREDIT SERVICES**

Nonpriority Creditor's Name

1680 CAPITAL ONE DRIVE

Number Street
MCLEAN VA 22102
City State ZIP CodeLast 4 digits of account number 6 6 5 6\$ 7,000.00When was the debt incurred? 11/01/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

4.6**MACY'S**

Nonpriority Creditor's Name

151 W 34TH STREET

Number Street
NEW YORK NY 10001
City State ZIP CodeLast 4 digits of account number 6 6 5 6\$ 1,500.00When was the debt incurred? 01/01/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

Debtor 1 TASHONDA ANQUIA LIGGINS
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	WALMART CREDIT SERVICES Nonpriority Creditor's Name <u>702 SW2 8TH STREET</u> Number Street <u>BENTONVILLE</u> AR <u>72716</u> City State ZIP Code			Last 4 digits of account number <u>6 6 5 6</u>	\$ <u>4,000.00</u>
				When was the debt incurred? <u>01/01/2019</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u>					
4.8 NFL CARD SERVICES C/O BARCLAY'S BANK Nonpriority Creditor's Name <u>PO BOX 60517</u> Number Street <u>CITY OF INDUSTRY</u> CA <u>91716</u> City State ZIP Code					
				Last 4 digits of account number <u>6 6 5 6</u>	
				When was the debt incurred? <u>01/01/2018</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u>					
4.9 LL BEAN CREDIT CARD SERVICES Nonpriority Creditor's Name <u>PO BOX 9001068</u> Number Street <u>LOS ANGELES</u> CA <u>90024</u> City State ZIP Code					
				Last 4 digits of account number <u>6 6 5 6</u>	
				When was the debt incurred? <u>01/01/2019</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u>					

Debtor 1 TASHONDA ANQUIA LIGGIINS

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

10	TARGET CREDIT SERVICES			Last 4 digits of account number <u>6 6 5 6</u>	\$ <u>5,000.00</u>
Nonpriority Creditor's Name 3901 W 53RD STREET				When was the debt incurred? <u>01/01/2017</u>	
Number Street SIOUX FALLS		State SD	ZIP Code 57106	As of the date you file, the claim is: Check all that apply.	
<p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u></p>					
11	AFFIRM CREDIT SERVICES			Last 4 digits of account number <u>6 6 5 6</u>	\$ <u>1,500.00</u>
Nonpriority Creditor's Name 650 CALIFORNIA STREET FL. 12				When was the debt incurred? <u>01/01/2021</u>	
Number Street SAN FRANCISCO		State CA	ZIP Code 94108	As of the date you file, the claim is: Check all that apply.	
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>CREDIT</u></p>					
12	HOME DEPOT CREDIT SERVICES			Last 4 digits of account number <u>6 6 5 6</u>	\$ <u>1,000.00</u>
Nonpriority Creditor's Name PO BOX 7032				When was the debt incurred? <u>01/01/2017</u>	
Number Street SIOUX FALLS		State SD	ZIP Code 57117	As of the date you file, the claim is: Check all that apply.	
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u></p>					

Debtor 1 TASHONDA ANQUIA LIGGINS

First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**13****FIRST PREMIER BANK**

Nonpriority Creditor's Name

3401 SO KIWANIS AVENUE

Number Street
SIOUX FALLS SD 57106
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 6\$ 500.00When was the debt incurred? 01/01/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

14**OLD NAVY CREDIT C/O BARCLAYS BANK**

Nonpriority Creditor's Name

PO BOX 8801

Number Street
WILMINGTON DE 19899
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 6\$ 2,500.00When was the debt incurred? 01/01/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

15**SUNBIT BANK**

Nonpriority Creditor's Name

10940 WILSHER BLVD

Number Street
LOS ANGELES CA 90024
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 6\$ 1,000.00When was the debt incurred? 01/01/2020

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

Debtor 1

TASHONDA

ANQUIA

LIGGINS

Case number (if known) _____

First Name Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

16

VICTORIA'S SECRET CREDIT SERVICES

Nonpriority Creditor's Name

FOUR LIMITED WAY

Number

Street

REYNOLDSBURG

OH

43068

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 6\$ 2,500.00When was the debt incurred? 01/01/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

17

LOWES CREDIT SERVICES

Nonpriority Creditor's Name

1000 LOWES BLVD

Number

Street

MOORESVILLE

NC

28117

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 6\$ 1,500.00When was the debt incurred? 01/01/2020

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

18

TJ MAXX STORES CREDIT SERVICES

Nonpriority Creditor's Name

901 LINCOLN DRIVE

Number

Street

MARLTON

NJ

08053

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 6 5 6\$ 3,500.00When was the debt incurred? 01/01/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

Debtor 1 TASHONDA ANQUIA LIGGINS

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

17	<p>VERIZON Nonpriority Creditor's Name ONE VERIZON WAY VC54N090</p> <p>Number Street BASKING RIDGE NJ 07920 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6 6 5 6 \$ 1,000.00</p> <p>When was the debt incurred? 01/01/2015</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify UTILITY</p>
18	<p>SUPERIOR COURT OF NEW JERSEY -SP CIVIL Nonpriority Creditor's Name 420 MLK BLVD</p> <p>Number Street NEWARK NJ 07102 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6 6 5 6 \$ 17,000.00</p> <p>When was the debt incurred? 01/01/2021</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify GARNISHMENT</p>
19	<p>AMAZON CREDIT SERVICES Nonpriority Creditor's Name 410 TERY AVENUE N</p> <p>Number Street SEATTLE WA 98109 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6 6 5 6 \$ 2,500.00</p> <p>When was the debt incurred? 01/01/2020</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>

Debtor 1 TASHONDA ANQUIA LIGGINS
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

MICHAEL J. LANZO

Name
PO BOX 43
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 6 5 6

Caldwell NJ 07006
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 6 5 6

MIDLAND CREDIT SERVICES

Name
350 DE LA REINA
Number Street
SUITE 100SAN DIEGO CA 92108
City State ZIP Code

SUPERIOR COURT OF NEW JERSEY

Name
450 MLK BLVD
Number Street
SPECIAL CIVIL PARTNEWARK NJ 07102
City State ZIP Code

FALONI LAW GROUP LLC

Name
425 EAGLE ROCK AVENUE
Number Street
SUITE 104ROSELAND NJ 07068
City State ZIP Code

LVNV FUNDING LLC

Name
55 BEATTIE PLACE
Number StreetGREENVILLE SC 29601
City State ZIP Code

Name

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 6 5 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 6 5 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 6 5 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 TASHONDA ANQUIA LIGGINS

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claim		
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 13,250.00

6e. Total. Add lines 6a through 6d.

6e. \$ 13,250.00

Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____
	6j. Total. Add lines 6f through 6i.	6j. \$ 92,300.00

Fill in this information to identify your case:

Debtor	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 PENNY MAC

Name
20500 BELSHAW AVENUE
Number Street

CARSON CA 90746
City State ZIP Code

204 STEPHENS AVENUE
BELLEVILLE, NEW JERSEY 07109
HOME LOAN

2.2 CHASE AUTO FINANCE

AUTO LOAN

Name
PO BOX 901076
Number Street
FORTH WORTH TX 76101
City State ZIP Code

2.3

Name
Number Street
City State ZIP Code

2.4

Name
Number Street
City State ZIP Code

2.5

Name
Number Street
City State ZIP Code

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.2

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.3

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

POSTAL SUPERVISOR

Employer's name

UNITED STATES POSTAL SERV

Employer's address

2825 LONE OAK PARKWAY

Number Street

Number Street

EAGAN MN 55121

City State ZIP Code

City State ZIP Code

How long employed there? 23 YEARS

23 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

For Debtor 2 or non-filing spouse

3. Estimate and list monthly overtime pay.

2. + \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

3. + \$ 0.00

4. \$ 4,936.00

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

SON

Dependent's age

22

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

Your expenses

4. \$ 2,342.00

4b. Property, homeowner's, or renter's insurance

4a. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4b. \$ 164.00

4d. Homeowner's association or condominium dues

4c. \$ 0.00

4d. \$ 0.00

Debtor 1	TASHONDA	ANQUIA	LIGGINS	Case number (if known)
	First Name	Middle Name	Last Name	
Your expenses				
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$ _____		
6. Utilities:				
6a. Electricity, heat, natural gas	6a.	\$ 200.00		
6b. Water, sewer, garbage collection	6b.	\$ 125.00		
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 100.00		
6d. Other. Specify: _____	6d.	\$ _____		
7. Food and housekeeping supplies	7.	\$ 400.00		
8. Childcare and children's education costs	8.	\$ 0.00		
9. Clothing, laundry, and dry cleaning	9.	\$ 75.00		
10. Personal care products and services	10.	\$ 100.00		
11. Medical and dental expenses	11.	\$ 25.00		
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 150.00		
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 0.00		
14. Charitable contributions and religious donations	14.	\$ 0.00		
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
15a. Life insurance	15a.	\$ 34.00		
15b. Health insurance	15b.	\$ 476.00		
15c. Vehicle insurance	15c.	\$ 298.00		
15d. Other insurance. Specify: _____	15d.	\$ _____		
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ 0.00		
17. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a.	\$ 550.00		
17b. Car payments for Vehicle 2	17b.	\$ _____		
17c. Other. Specify: _____	17c.	\$ _____		
17d. Other. Specify: _____	17d.	\$ _____		
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ 0.00		
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ 0.00		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.				
20a. Mortgages on other property	20a.	\$ 0.00		
20b. Real estate taxes	20b.	\$ 0.00		
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00		
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00		
20e. Homeowner's association or condominium dues	20e.	\$ 0.00		

Debtor 1 TASHONDA ANQUIA LIGGINS Case number (if known) _____

First Name Middle Name Last Name

21. Other. Specify: _____ 21. +\$ _____ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ _____ 4,939.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____ 4,939.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____ 4,936.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ _____ 4,939.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ _____ -3.00

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: Garnishment will cease and my car loan is paid off in February

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (If known)			

Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

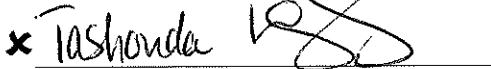
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1



Signature of Debtor 2

Date 08 08 2024
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	TASHONDA	ANQUIA	LIGGINS
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:
lived there

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

Number Street
From _____
To _____

Number Street
From _____
To _____

From _____
To _____

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Number Street
From _____
To _____

Number Street
From _____
To _____

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **TASHOND ANQUIA LIGGINS**

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2023 YYYY)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2022 YYYY)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
For last calendar year: (January 1 to December 31, 2023 YYYY)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
For the calendar year before that: (January 1 to December 31, 2022 YYYY)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Debtor 1 **TASHOND ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
PENNY MAC Creditor's Name	07/15/2024	\$ 7,026.00	\$ 77,864.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
20500 BELSHAW AVENUE Number Street	06/15/2024			
	05/15/2024			
CARSON CA 90746 City State ZIP Code				
CHASE AUTO FINANCE Creditor's Name	07/16/2024	\$ 1,650.00	\$ 3,850.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
PO BOX 901076 Number Street	06/16/2024			
	05/16/2024			
FT WORTH TX 76101 City State ZIP Code				
MICHAEL J LANZO Creditor's Name	08/02/2024	\$ 1,005.00	\$ 637.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other GARN
PO BOX 43 Number Street	07/19/2024			
	07/05/2024			
CALDWELL NJ 07006 City State ZIP Code				

Debtor 1 **TASHOND ANQUIA LIGGINS**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street		\$ _____	\$ _____	
City _____ State _____ ZIP Code _____		\$ _____	\$ _____	
Insider's Name				
Number Street				
City _____ State _____ ZIP Code _____				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$ _____	\$ _____	
City _____ State _____ ZIP Code _____		\$ _____	\$ _____	
Insider's Name				
Number Street				
City _____ State _____ ZIP Code _____				

Debtor 1 **TASHOND ANQUIA LIGGINS**
First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____ _____ _____	Number Street _____	
Case title _____ _____ _____	City _____ State _____ ZIP Code _____	
Case number _____ _____ _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ _____	Number Street _____	
Case number _____ _____ _____	City _____ State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No Go to line 11.

Yes. Fill in the information below.

Creditor's Name		Describe the property	Date	Value of the property
MICHAEL J LANZO		WAGES	03/09/2022	\$ 4,133.00
Creditor's Name PO BOX 43 Number Street		Explain what happened		
		<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
CITY: CALDWELL STATE: NJ ZIP CODE: 07006		Describe the property	Date	Value of the property
		WAGES	07/23/2024	\$ 10,937.00
Creditor's Name FALONI LAW GROUP LLC		Explain what happened		
Creditor's Name 425 EAGLE ROCK AVENUE Number Street		<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
CITY: SUITE 404 STATE: NJ ZIP CODE: 07052		Describe the property	Date	Value of the property
		WAGES	07/23/2024	\$ 10,937.00
Creditor's Name WEST ORANGE STATE: NJ ZIP CODE: 07052		Explain what happened		
		<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **TASHOND ANQUIA LIGGINS**

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			\$ _____
Number Street			
City	State ZIP Code	Last 4 digits of account number: XXXX- _____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			
City	State ZIP Code		
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			
City	State ZIP Code		
Person's relationship to you			

Debtor 1 **TASHOND ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____			\$ _____
Number Street _____ _____			\$ _____

City _____ State _____ ZIP Code _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____	_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid _____ _____ _____	Description and value of any property transferred _____	Date payment or transfer was made	Amount of payment
Number Street _____ _____			\$ _____
City _____ State _____ ZIP Code _____			\$ _____

Email or website address _____

Person Who Made the Payment, if Not You _____

Debtor 1 **TASHOND ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid		_____	\$ _____
Number	Street	_____	\$ _____
City State ZIP Code		_____	_____
Email or website address		_____	_____
Person Who Made the Payment, if Not You		_____	_____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid		_____	\$ _____
Number	Street	_____	\$ _____
City State ZIP Code		_____	_____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		_____	_____
Number	Street	_____	_____
City State ZIP Code		_____	_____
Person's relationship to you		_____	_____
Person Who Received Transfer		_____	_____
Number	Street	_____	_____
City State ZIP Code		_____	_____
Person's relationship to you		_____	_____

Debtor 1 **TASHOND ANQUIA LIGGINS**

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Name of Financial Institution _____

XXXX- _____

Checking _____ \$ _____

Number Street _____

Savings _____

City _____ State _____ ZIP Code _____

Money market _____

Brokerage _____

Other _____

Name of Financial Institution _____

XXXX- _____

Checking _____ \$ _____

Number Street _____

Savings _____

City _____ State _____ ZIP Code _____

Money market _____

Brokerage _____

Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
----------------------------	-----------------------	-----------------------

Name of Financial Institution _____

Name _____

No
 Yes

Number Street _____

Number Street _____

City _____ State _____ ZIP Code _____

City _____ State _____ ZIP Code _____

Debtor 1 **TASHOND ANQUIA LIGGINS**

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name _____

No

Yes

Number Street

Number Street _____

City State ZIP Code

City State ZIP Code _____

City _____ State _____ ZIP Code _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

\$ _____

Number Street

Number Street _____

City State ZIP Code

City State ZIP Code _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit _____

Number Street

Number Street _____

City State ZIP Code

City State ZIP Code _____

Debtor 1 **TASHOND ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____		Governmental unit _____	
Number	Street	Number	Street
_____		City _____	State _____ ZIP Code _____
City _____ State _____ ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending
_____	Number Street _____	<input type="checkbox"/> On appeal
Case number _____	City _____ State _____ ZIP Code _____	<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name _____			EIN: _____
Number Street _____			Dates business existed
City _____	State _____	ZIP Code _____	From _____ To _____
Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name _____			EIN: _____
Number Street _____			Dates business existed
City _____	State _____	ZIP Code _____	From _____ To _____

Debtor 1 **TASHOND ANQUIA LIGGINS** Case number (if known) _____

First Name Middle Name Last Name

Describe the nature of the business

Business Name _____

Employer Identification number
Do not include Social Security number or ITIN.

Number Street _____

Name of accountant or bookkeeper

EIN: _____

City _____ State _____ ZIP Code _____

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

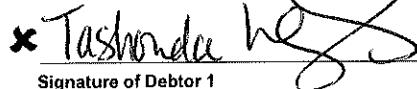
Name _____ MM / DD / YYYY _____

Number Street _____

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1



Signature of Debtor 2

Date 08/08/2024

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:			
Debtor 1	TASHONDA First Name	ANQUIA Middle Name	LIGGINS Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)	<input type="checkbox"/> Check if this is an amended filing		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: PENNY MAC

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt: 204 STEPHENS STREET
BELLEVILLE, NEW JERSEY 07109

Retain the property and [explain]:
CONTINUE MORTG. PMT ARRAG.

Creditor's name: CHASE AUTO LOAN

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt: 2019 MITSUBISHI OUTLANDER

Retain the property and [explain]:
CONTINUE PAYMTS. TO 02/2025

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt:

Retain the property and [explain]:

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt:

Retain the property and [explain]:

Debtor 1 TASHONDA ANQUIA LIGGINS Case number (if known) _____

First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **PENNY MAC**

No

Description of leased property: **204 STEPHENS STREET BELLEVILLE, NEW JERSEY 07109**

Yes

Lessor's name: **CHASE AUTO BANK**

No

Description of leased property: **2019 MITSUBISHI OUTLANDER**

Yes

Lessor's name:

No

Description of leased property:

Yes

Lessor's name:

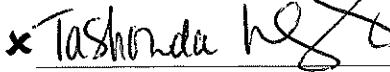
No

Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

 x

Signature of Debtor 1

Date **08 08 2024**
MM / DD / YYYY

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:			
Debtor 1 (Spouse, if filing)	TASHONDA First Name	ANQUIA Middle Name	LIGGINS Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)			

Check one box only as directed in this form and in
Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,936.00	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ _____
5. Net income from operating a business, profession, or farm	Debtor 1 \$ 0.00	Debtor 2 \$ _____
Gross receipts (before all deductions)	\$ 0.00	\$ _____
Ordinary and necessary operating expenses	-\$ 0.00	-\$ _____
Net monthly income from a business, profession, or farm	\$ 0	\$ _____
	<i>Copy here</i> →	
6. Net income from rental and other real property	Debtor 1 \$ 0.00	Debtor 2 \$ _____
Gross receipts (before all deductions)	\$ 0.00	\$ _____
Ordinary and necessary operating expenses	-\$ 0.00	-\$ _____
Net monthly income from rental or other real property	\$ 0	\$ _____
	<i>Copy here</i> →	
7. Interest, dividends, and royalties	\$ 0.00	\$ _____

Debtor 1 **TASHONDA ANQUIA LIGGIN** Case number (if known) _____

First Name Middle Name Last Name

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unemployment compensation	\$ _____	\$ _____	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____			
For you	\$ 0.00		
For your spouse	\$ _____		
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ _____	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ 4,936.00	\$ _____	
	\$ _____	\$ _____	
	+ \$ _____	+ \$ _____	
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 4,936.00	+ \$ _____	= \$ 4936
	Total current monthly income		

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here →

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form. 12b.

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. 13.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

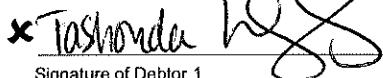
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Debtor 1 TASHONDA ANQUIA LIGGIN Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

 X

Signature of Debtor 1

Date 08 08 2024
MM / DD / YYYY

X

Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:			
Debtor 1	TASHONDA First Name	ANQUIA Middle Name	LIGGINS Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (If known) _____			

Check if this is an amended filing

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

TASHONDA A. LIGGINS

FALONI LAW GROUP, LLC
425 EAGLE ROCK AVENUE
SUITE 404
WEST ORANGE, NEW JERSEY 07052

MICHAEL LANZO, COURT OFFICER
PO BOX 43
CALDWELL, NEW JERSEY 07006

SUPERIOR COURT OF NEW JERSEY
SPECIAL CIVIL PART
50 W MARKET STREET
NEWARK, NEW JERSEY 07012

MIDLAND CREDIT MANAGEMENT, INC.
1037 RAYMOND BLVD.
NEWARK, NEW JERSEY 07102

PSE&G
80 PARK PLACE
NEWARK, NEW JERSEY 07102

BARCLAYS B ANK
D/B/A/ NFL CREDIT CARD
PO BOX 60517
CITY OF INDUSTRY, CALIFORNIA 91716

SUNBIT BANK
10940 WILSHIRE BLVD
LOS ANGELES, CALIFORNIA 90024

HOME DEPOT CREDIT SERVICES
PO BOX 7032
SIOUX FALLS, SOUTH DAKOTA
57117-7032

KOHL'S
N56 W71000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WISCONSIN
53051

BARCLAYS D/B/A
OLD NAVY CREDIT SERVICES
PO BOX 8801
WILMINGTON, DELAWARE 19899-8801

CHAPTER 7

AMERICAN EXPRESS CREDIT CARD
PO BOX 981535
El Paso, TEXAS 79998

Capital One
1680 Capital One Drive
McLean, VIRGINIA 22102

Target
3901 W. 53rd Street
Sioux Falls, SOUTH DAKOTA 57106

FIRST PREMIER BANK
3401 SO. KIWANIS AVENUE
SIOUX FALLS, SOUTH DAKOTA 57105

AFFIRM
650 CALIFORNIA STREET
FL. 12
SAN FRANCISCO, CALIFORNIA
94108-2716

LL BEAN CREDIT SERVICES
PO BOX 9001068
LOUISVILLE, KENTUCKY 40290

DISCOVER CARD
PO BOX 30416
SALT LAKE CITY, UTAH 84130

BLOOMINGDALE'S CREDIT SERVICES
28-07 JACKSON AVENUE
QUEENS, NEW YORK 11101

LOWES CREDIT SERVICES
1000 LOWES BLVD
MOORESVILLE, NORTH CAROLINA
28117

WALMART
702 SW 8TH STREET
BENTONVILLE, ARKANSAS 72716

LIST OF CREDITORS

PENNY MAC
20500 BELSHAW AVENUE
CARSON, CALIFORNIA 90746

CHASE AUTO FINANCE
PO BOX 901076
FT.WORTH, TEXAS 76101

TOWNSHIP OF BELLEVILLE
WATER BUREAU
152 WASHINGTON AVENUE
BELLEVILLE, NEW JERSEY 07109

SALLIE MAE
300 CONTINENTAL DRIVE
NEWARK, NEW JERSEY 07102

MACY'S CREDIT SERVICES
151 W. 34TH STREET
NEW YORK, NEW YORK 10001

VICTORIA SECRET CREDIT SERVICES
FOUR LIMITED PARKWAY
REYNOLDSBURG, OHIO 43068

VERIZON
ONE VERIZON WAY
VC54N090
BASKING RIDGE, NEW JERSEY
07920-4097

AMAZON CREDIT SERVICES
410 TERY AVENUE N
SEATTLE, WASHINGTON 9819-5210

TJ MAXX STORES CREDIT SERVICES
901 LINCOLN DRIVE W
MARLTON, NEW JERSEY 08053

LVNV FUNDING LLC
55 BEATTIE PLACE
GREENVILLE, SC 29601